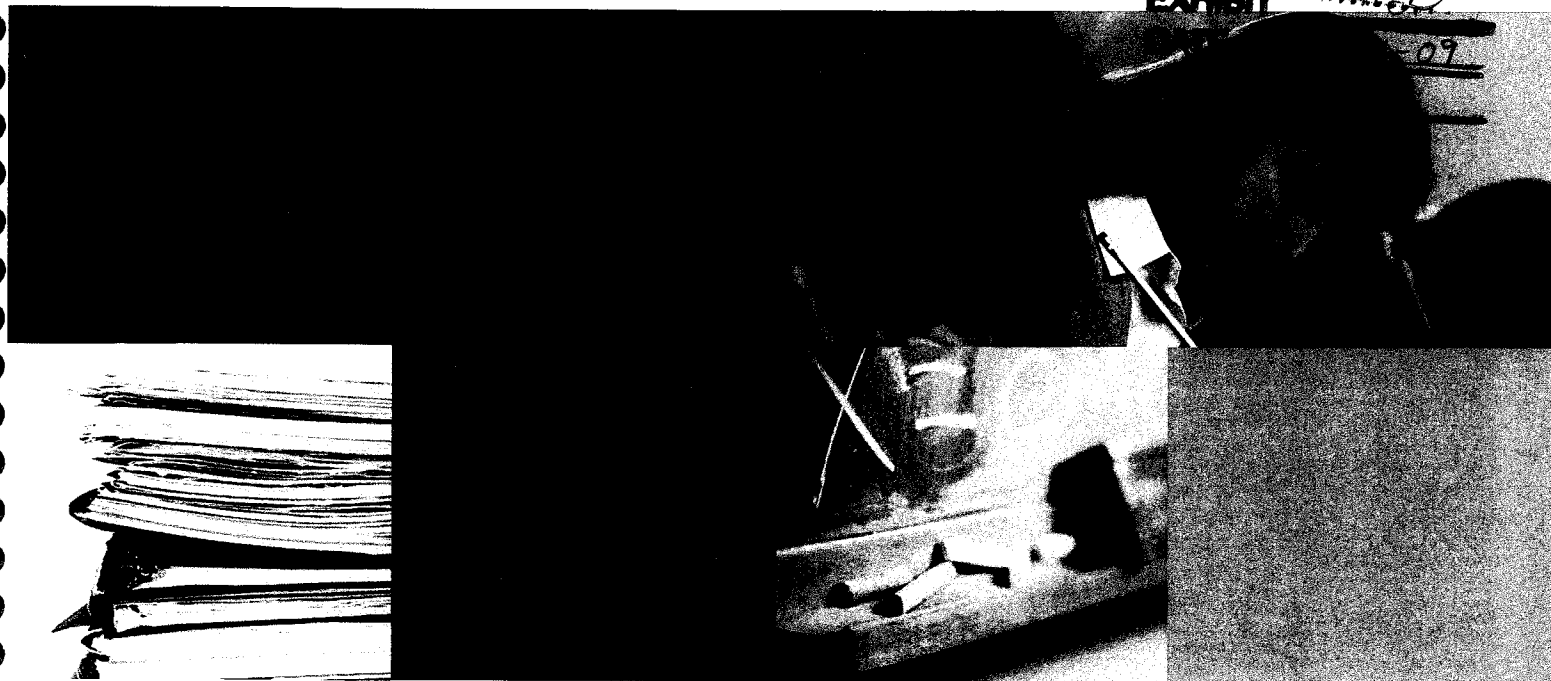


## Exhibit 2

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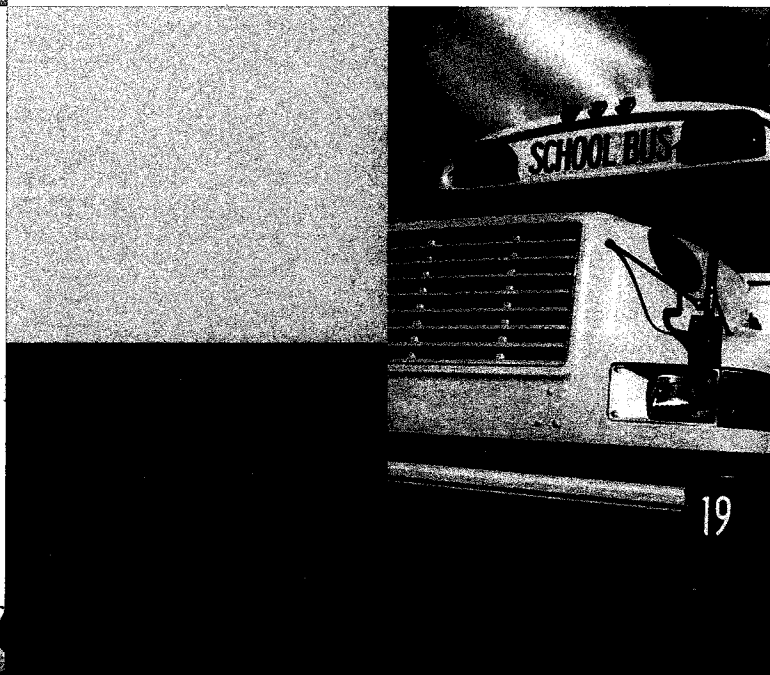
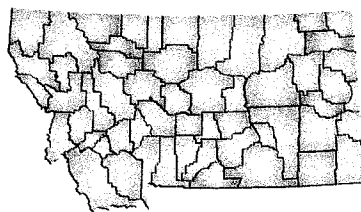
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# Creating Asthma Friendly Schools in Montana

EXHIBIT 2  
DATE 2-11-09  
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## A Resource Guide



# Introduction

## Did you know...

Asthma is a common disease among Montana children.

- Asthma is the most common chronic disease in childhood, affecting an estimated 20,000 children aged 0-18 in Montana.
- One in five Montana high school students has been told they have asthma in their lifetime and 11% of Montana high school students report currently having asthma.<sup>1</sup>
- In a typical Montana classroom with 30 students, 3 children will likely have asthma.

Asthma affects school attendance and performance.

- Nationwide, asthma is a leading cause of school absences. In 2003, approximately, 12.8 million schools days were missed due to asthma in the United States.<sup>2</sup>
- Research indicates that students with persistent asthma symptoms and asthma related school absences may have lower test scores and academic achievement.<sup>3</sup>

With planning, asthma can be controlled in the school setting.

- Good asthma management includes proper use of asthma medications and reduction of environmental asthma triggers such as tobacco smoke and animal dander. Schools can support asthma management efforts by implementing policies and procedures that allow students easy access to their medications and that reduce asthma triggers in the school environment.
- Creating an asthma friendly school environment can help students with asthma fully participate in all school activities and have the best chance at academic success. This booklet details 7 simple steps toward creating an asthma friendly school.<sup>4</sup>



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# Steps for Creating an Asthma Friendly School

Every school should identify students with asthma and ensure that these students have an Asthma Action Plan on file at the school as well as a Medication Authorization form if they will be self-carrying asthma medication.

## Allow students easy access to their inhalers

All students with asthma should have access to their inhalers during school, sporting events and on field trips. Students should be allowed to self carry and administer their asthma inhalers in compliance with Montana law.

## Create a school wide protocol for handling an asthma episode

A school wide protocol for responding when a student has asthma symptoms or an asthma attack should be widely displayed around the school. Key staff should be trained to respond when a student's asthma flairs.

## Identify and reduce common asthma triggers

Schools should monitor diesel emissions, animal dander, mold, tobacco smoke and other asthma triggers in the school environment and take steps to reduce them through appropriate policies and air quality measures.

## Encourage students with asthma to pre-treat before physical activity

Children with exercise induced asthma should be allowed to pre-treat for asthma before physical activity and coaches and gym teachers should be educated on how to modify activities for children with activity limitations.

Staff, students and families should receive education about asthma and their role in partnering to control asthma in the school setting.

An asthma friendly school requires a strong family-school-health provider partnership. This guide details the responsibilities for all of the parties involved in creating asthma friendly schools.

# Is your school asthma friendly?

The list below covers the basic elements of an asthma friendly school. Check off the steps you already have in place at your school.

- ☐ A registered school nurse, or another trained staff person, identified to coordinate asthma activities in the school.
- ☐ A process to identify all students in the school with asthma and collect Medication Authorization forms and Asthma Action Plans.
- ☐ A policy to allow students with Medication Authorization forms to carry and self administer their asthma medication, in compliance with Montana law.
- ☐ A school wide protocol, widely known by staff and posted throughout the school, detailing what to do if a child has an asthma episode.
- ☐ A process to regularly identify asthma triggers inside and outside the school and take steps to reduce them.
- ☐ A plan to allow students with asthma to fully participate in school activities, including pre-treating for exercise induced asthma and modified physical activities for students with limitations.
- ☐ Education for staff and students about asthma.
- ☐ A strong family-school-health provider partnership.

In areas where your school does not have appropriate protocols and policies in place, consider implementing the suggestions from this guide, using the resources provided.



# Step #1: Identify students with asthma

The first step to creating an asthma friendly school is to know which students have asthma. At the beginning of each school year, your school should implement a process to identify all students in the school with the disease. Students with asthma should then provide the school with two important documents:

1. **A Medication Authorization form:**

This form allows a student to carry and self-administer asthma medication in school and **must be signed by a physician** and the student's guardian. To carry asthma medication at school, this form must be on file, as required by Montana law.

2. **Asthma Action Plan:**

This form is an individualized plan, created by the student's healthcare provider or a school nurse, detailing how to care for the student with asthma. A student's Asthma Action Plan should be easily accessible and all teachers should know its location.

School nurses should also create a healthcare plan for each student with asthma, incorporating the student's asthma action plan.

The first step to creating an asthma friendly school is to know which students in your school have asthma.

Resources for identifying students with asthma are located on the follow pages. Feel free to make copies of these documents and distribute them to parents and students. These resources include:

- A letter to parents asking them to identify if their student has asthma
- The Medication Authorization form: Montana Authorization to Possess or Self-Administer Asthma, Severe Allergy, or Anaphylaxis Medication
- Montana Student Asthma Action Plan

For more information about using asthma action plans at your school see page 33.



-----Sample asthma identification letter-----

Dear parent,

Our school makes a special effort to ensure that all of our students have the best opportunity to be healthy in school because we believe that healthy students have the best chance at academic success. One of the most common causes of health problems in children is asthma. Did you know that approximately 10% of all children in Montana have asthma? Because the disease is so common, we need to identify all students who have asthma in our school so that we can know how to respond if they have asthma symptoms while at school.

If your child has asthma, please fill out the form below and return it to the school. Once you fill out the form we will send home:

- A Medication Authorization Form to have your child's healthcare provider fill out if they need to carry rescue inhaler medication at school.
- An Asthma Action Plan, also to be filled out by a healthcare provider, that tells the school what to do if your child is having asthma symptoms.

Thank you for partnering with us to make our school a healthy place for children.

Sincerely,

Your Principal

\_\_\_\_\_ ✂ \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ class has asthma.  
(Child's name) (Teacher's name)

Alternative solution: Consider identifying all students with health concerns in your school using one form sent home at the beginning of the school year. See page 27 for a sample "Health History Form". This form is currently used by the Helena Public School District to identify students with a range of health concerns.



# Montana Authorization to Possess or Self-Administer Asthma, Severe Allergy, or Anaphylaxis Medication

For this student to possess or self-administer asthma, severe allergy, or anaphylaxis medication while in school, while at a school sponsored activity, while under the supervision of school personnel, before or after normal school activities (such as while in before-school or after-school care on school-operated property), or while in transit to or from school or school-sponsored activities, this form must be fully completed by 1) the prescribing physician/physician assistant/advanced practice registered nurse, and 2) an authorizing parent, an individual who has executed a caretaker relative educational or medical authorization affidavit, or legal guardian.

Student's Name: \_\_\_\_\_

Sex: (Please circle) Female / Male

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_

City/Town: \_\_\_\_\_

School Year: \_\_\_\_\_ (Must be renewed annually)

## Authorization by Physician/PA/APRN:

The above-named student has my authorization to carry and self administer the following asthma, severe allergy, or anaphylaxis medication:

Medication: (1) \_\_\_\_\_ Dosage: (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (2) \_\_\_\_\_

Reason for prescription(s): \_\_\_\_\_  
Medication(s) to be used under the following conditions (times or special circumstances): \_\_\_\_\_

I confirm this student has been instructed in the proper use of this medication and is able to self-administer this medication without school personnel supervision. I have formulated and provided to the parent/guardian or caretaker relative a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician/PA/APRN \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

## Authorization by parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian:

As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm this student has been instructed by his/her healthcare provider on the proper use of this/these medication(s). He/she has demonstrated to me he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call.

I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

I agree to work with the school in establishing a plan for use and storage of backup medication. This will include a predetermined location to keep backup medication to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency. I have provided the following backup medication: \_\_\_\_\_

I understand in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.

I understand it is my responsibility to pick up any unused medication at the end of the school year, and any medication not picked up will be disposed of.

I authorize the school administration to release this information to appropriate school personnel and classroom teachers.

Parent/Caretaker/Guardian relative signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)

See generally Mont. Code Ann. § 20-5-420

# Montana Student Asthma Action Plan

Student \_\_\_\_\_ Nurse/Emergency Staff \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Teacher \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Student's primary healthcare provider: \_\_\_\_\_ Fax # \_\_\_\_\_

## Routine Care

1. **Triggers that might start an asthma episode for this student:**
- ☐ Exercise ☐ Animals ☐ Smoke, strong odors ☐ Respiratory infections
  - ☐ Pollen ☐ Temperature changes ☐ Emotions ☐ Bus/vehicle exhaust
  - ☐ Molds ☐ Irritants (e.g. chalk dust) ☐ Other \_\_\_\_\_

2. **Environmental measures to control triggers at school** \_\_\_\_\_

3. **Pre-treatment to prevent exercise induced asthma**

Medication Name	Dose/Frequency	When to administer
		_____ minutes prior to activity

- ☐ Student self carries medication ☐ Medication is stored \_\_\_\_\_

4. **Controller asthma medications (Advair, Flovent, Asmanex etc.)**

Controller Medication	Dose/Frequency	Administered	
		<input type="checkbox"/> At home <input type="checkbox"/> At school	
		<input type="checkbox"/> At home <input type="checkbox"/> At school	

5. **Field Trips:** Asthma Medications and supplies must accompany student on all field trips. Staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan.

6. **Trained staff:** The following staff are trained to help students administer asthma medications: Name \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by parent/guardian \_\_\_\_\_

Reviewed by school nurse/emergency staff \_\_\_\_\_

Reviewed by student's primary healthcare provider \_\_\_\_\_

## Emergency Care

**If student is coughing, wheezing, short of breath or has chest tightness:**

1. **Give Emergency Asthma medications as listed below:**

Quick Relief Medication	Dose/Frequency	When to Administer

- ☐ Student self carries medication ☐ Medication is stored \_\_\_\_\_  
☐ Back-up medication is stored \_\_\_\_\_

2. **Speak calmly and reassuringly.** Help student walk to warm, quiet place away from triggers to sit upright and relax. If symptoms persist after 10 minutes, re-administer quick relief inhaler.

3. **Seek help from school nurse or designated emergency staff if:**

- Inhaler not helping
- Breathing hard and fast
- Nostrils wide open
- Can't walk or talk well

Nurse or emergency staff: Room #: _____ Phone #: _____
---

4. **Call \_\_\_\_\_ to activate EMS if any of the following:**

- Lips, fingernails and/or skin are blue or gray
- Student is too short of breath to walk, talk, or eat normally
- No relief from medication in 15-20 minutes with any of the following signs:
  - Chest and neck pulling in with breathing
  - Student is hunched over
  - Student is struggling to breathe

5. **Notify parent and primary healthcare provider**

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Step #2: Allow students easy access to their inhalers

It is critical that students with asthma have easy access to their rescue medication inhalers in case of an asthma attack. School policies should provide a way for inhalers to be easily accessible in the class room, at recess, on field trips and during sporting events. This type of policy can literally save the life of a student with asthma. Remember:

1. **For students who can self-carry, it's the law!** Montana MCA 20-5-420 allows students in Montana who have a Medication Authorization form on file with the school to carry and self administer their asthma medication. The law also allows for back up medication to be kept at the school. Schools cannot deny students the right to carry their asthma medication if this form is completed.

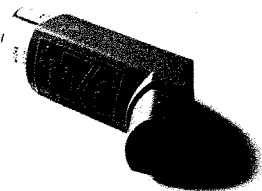
2. **For students who cannot self carry, access to medications is still critical.** Some students are too

young or inexperienced to carry and self administer their medication. However, these students still need access to their lifesaving asthma medications. Crafting a school policy that allows for safe storage of these students' medications and easy access if they experience asthma symptoms can protect students' health and safety.

3. **Smart policies=better health.** A well crafted asthma medication policy can protect your school from liability and allow students with asthma to prevent worsening asthma symptoms. Taking the time to implement a medication policy is in the best interest of your staff and students.

Easy access to rescue medication inhalers is critical for controlling asthma symptoms in the school environment and preventing the need for emergency medical care.

Many school districts in Montana have already implemented the Montana School Board Association's "Administering Medicines to Students" policy that includes language on asthma and allergy medications. Please review the wording on the following page and ensure that your school has this policy, or something similar, fully implemented in all school buildings and at all school sponsored events. For more information of this policy, contact Joe Brott, MTSBA Director of Policy Services at [jbrott@mtsba.org](mailto:jbrott@mtsba.org)



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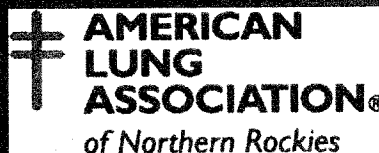
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